

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/30/03.

I. DISPUTE

Whether there should be reimbursement for prescription medications from dates of service 1/20/03 through 9/25/03. The medications were: Piroxicam, Hydrocodn/apap and Diazepam.

II. FINDINGS

Date(s) of service (DOS) that are not eligible for review per the TWCC Act, 413.031 are the DOS that were not submitted to the carrier for review, prior to being submitted to Medical Dispute Resolution. Those dates are 8/26/03 and 9/25/03, therefore these DOS will not be reviewed further in this Finding and Decision.

III. RATIONALE

- The requestor submitted receipts of payment for the medications Piroxicam, Hydrocodn/apap and Diazepam to the respondent requesting reimbursement.
 - *For the DOS 1/20/03 through 4/1/03, the respondent sent a copy of a 'peer review' dated 6/13/02 to the claimant/requestor without any explanation.
 - *The respondent did not respond to the DOS 4/29/03 and 5/27/03 submitted for reimbursement.
 - *The last request for reimbursement submitted to the respondent was returned to the requestor in an envelope from the respondent, nothing mentioned as to why returned or why not paid.
- The respondent submitted a response to Medical Dispute Resolution on 11/14/03 with EOB's attached showing non-payment to 'Kroger Pharmacy #447.'
 - *Kroger is the pharmacy where the requestor acquired the medications.
 - *Kroger is not the requestor of this dispute.
 - *Kroger has been paid by the claimant/requestor.
- The respondent did not submit an explanation of the benefits or denial to the requestor for her request for reimbursement according to 413.031 of the Act and Rule 133.300.
- The requestor has met the criteria for reimbursement per 133.307(f)(1-3). Amount due for DOS 1/20/03 through 7/24/03 is \$536.29.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for medications, Piroxicam, Hydrocodn/apap and Diazepam. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$\$\$536.29** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 9th day of January 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl